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ABSTRACT

This document was designed for use by persons or agencies interested in both establishing and evaluating employee assistance programs (EAP) for federal employees. It contains essential elements, standards, and assessment criteria which have been developed to assist in the planning and implementation of services, and to provide a framework for evaluating the appropriateness and effectiveness of EAPs. The standards and criteria presented here should also prove useful outside of the federal system. The introduction identifies the goal of an EAP as being the restoration of valuable employees to full productivity. It notes that a comprehensive EAP must address alcohol, drug abuse, and emotional or behavioral problems. The report lists five essential elements of an EAP: (1) needs assessment; (2) program integration; (3) comprehensive services; (4) program administration; and (5) program evaluation. For each element, a standard is defined which indicates what is expected when an organization seeks to provide that EAP element. To assist in the evaluation of programs, there are assessment criteria following each standard which relate to the policy, procedural, and personal and/or administrative aspects of a program. The appendices contain information on the legal authority for an EAP and models of providing EAP services. (NB)

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# STANDARDS & CRITERIA

for the Development and Evaluation of a Comprehensive Employee Assistance Program

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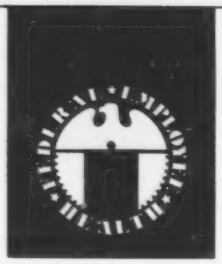

# STANDARDS & CRITERIA

## for the Development and Evaluation of a Comprehensive Employee Assistance Program

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Bureau of Health Care Delivery and Assistance
Division of Federal Occupational and Beneficiary Health Services

December 1986

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# PREFACE

The *Standards and Criteria for the Development and Evaluation of a Comprehensive Employee Assistance Program* were developed by the Division of Federal Occupational and Beneficiary Health Services of the U.S. Public Health Service to assist in carrying out its consultative role, as authorized by law (5 U.S.C. 7901). They are designed for use both in establishing and evaluating employee assistance programs for Federal employees. The essential elements, standards, and assessment criteria have been developed to assist in the planning and implementation of services, and to provide a framework for evaluating the appropriateness and effectiveness of employee assistance programs.

These standards and criteria should prove useful outside of the Federal system as well. The principles involved are universal, the language used is intentionally nonsectarian, and the objectives apply wherever employee well-being is of concern.

*"Disease prevention and health promotion are in all of our interests . . . A healthier work force means higher productivity, reduced absenteeism, and less overtime . . . America can only be as strong and healthy as its people, and, as in all things, the only lasting change that takes place comes when each of us does his part to make our country the good and decent place we want it to be."*

*Ronald Reagan*
*President of the United States*
*March 13, 1984*

# INTRO-DUCTION

The goal of an employee assistance program (EAP) is to restore valuable employees to full productivity. Such a program is designed to assist management and supervisors: (1) identify employees with alcohol, drug abuse, emotional or behavior problems resulting in a pattern of deficient work performance; (2) motivate such individuals to seek help; (3) provide short-term professional counseling assistance and referral; (4) direct employees towards the best assistance available; and (5) provide continuing support and guidance throughout the problem-solving period. The objectives may be met by the provision of a coordinated set of services and consultation aimed at detecting and intervening in those conditions which are deleterious to productivity, promoting healthy work and lifestyle habits, and providing crisis intervention when problems occur.

The regulatory requirement in Title 5 of the Code of Federal Regulations (CFR) Part 792, mandates that agencies must establish appropriate prevention, treatment and rehabilitation programs for Federal employees with alcohol or drug abuse problems. Furthermore, Public Law 79-658 authorizes agencies to provide for the physical and mental fitness of Federal employees. These authorities form the basis for the EAP. A comprehensive EAP must address alcohol, drug abuse and emotional or behavioral problems. See

Appendix I for details of the legislative authority.

The essential elements, standards, and assessment criteria presented in this document provide tools which will aid in the planning, development, and evaluation of comprehensive EAPs. There are five essential elements of an EAP which serve to support a program's goals. For each element, a standard has been defined which indicates what is expected when an organization seeks to provide each essential element of a comprehensive EAP. To assist in the evaluation of programs, assessment criteria follow each standard. The assessment criteria relate to the policy, procedural, personnel and/or administrative aspects of a program which would be required to assure that the essential elements and their standards are successfully addressed.

The standards and assessment criteria are intended to provide guidance and assistance to those organizations which have recognized their responsibility to provide for the well-being of their employees. The assessment criteria are intentionally general and are primarily qualitative in nature since emphasizing quantitative measures may result in missing much of the essence of employee assistance programs. Judgment by qualified professionals may be required in assessing whether a specific program component meets the intent of the applicable standard and its criteria. For this reason, the words "must" and "should" have been carefully selected to differentiate between those items which are absolutely necessary in an EAP of high quality and those which are expected to be present. The varied and unique nature of each worksite makes this careful analysis and professional judgment necessary, both in evaluating programs and in determining the optimum program form which will meet the needs of the employees and the organization. Used in this context, these standards and criteria should be of significant value. See Appendix II for details on models of delivery of services.

# SUMMARY OF ELEMENTS AND STANDARDS

**Element I: Needs Assessment**

STANDARD: An EAP should have, both at the time the program is established and on a periodic basis thereafter, a mechanism to assess the needs for employee assistance. The EAP needs assessment should be aimed at identifying worksite environmental, programmatic, personnel and stress related factors deleterious to employee well-being or productivity. Program decisions should be directly related to the assessment findings and be periodically evaluated in that context.

**Element II: Program Integration**

STANDARD: An EAP should be designed to assure its integration into the structures and processes guiding the overall administration and management of an agency or a program. The EAP Director should have access to, and involvement with, the management of the agency and serve as a consultant to address the impact of program and organizational change on the well-being of employees. An advisory board should be constituted with representatives from key divisions and offices, including both manager and employee members, to assure the responsiveness of the EAP to agency needs.

**Element III: Comprehensive Services**

STANDARD: An EAP should assure the provision of comprehensive high quality clinical services, supervisory training, management consultation, and preventive health education/health promotion services appropriate to the defined needs of an agency or program. The services must competently evaluate employees and appropriately assist them in returning to and/or remaining effective in their jobs when alcohol, drug abuse, mental health problems or other events alter their work performance capacity. The EAP must have an established community referral network and coordinate its services with local resources, health organizations and self-help groups as appropriate.

**Element IV: Program Administration**

STANDARD: An EAP should have policies and procedures in effect aimed at assuring the appropriateness, effectiveness and efficiency of the program in meeting the needs of both management and the employee population served. The procedures must be consistent with the Federally mandated requirements and with agency policies and procedures. This includes assurance of: availability of a sufficient number of qualified counselors; services provided in appropriate office space that assures easy access and privacy; a case record system in compliance with Federal confidentiality regulations; guidelines for assessing or measuring the quality of care, and regular review of program services. An EAP must submit annual fiscal year reports to the Office of Personnel Management on counseling activities.

**Element V: Program Evaluation**

STANDARD: An EAP should have a mechanism in place to evaluate the appropriateness, effectiveness and efficiency of the delivery of services and program integration. Evaluations of the scope and appropriateness of client services, educational programs, supervisory training, and outreach activities should be performed on an annual basis and become a part of the permanent program records. Descriptive statistics should be employed whenever possible to summarize program activities and facilitate the annual evaluation. Program modifications should be made on the basis of evaluations.

ELEMENT 1

## *Needs Assessment*

**STANDARD:**

An EAP should have, both at the time the program is established and on a periodic basis thereafter, a mechanism to assess the needs for employee assistance. The EAP needs assessment should be aimed at identifying worksite environmental, programmatic, personnel and stress related factors deleterious to employee well-being or productivity. Program decisions should be directly related to the assessment findings and be periodically evaluated in that context.

**ASSESSMENT CRITERIA:**

*Program Development*

A needs assessment should be conducted prior to program implementation. If existing data is not sufficient then data acquisition should be a component of the needs assessment.

*Scope*

A needs assessment should include the findings of worksite evaluations, employee and supervisor surveys, epidemiological studies, demographic analyses and program reviews. Initial assessments should also include information regarding the scope of services requested by the employer and employees, an analysis of existing supervisory, personnel and medical systems for handling troubled employees and a proposal for ongoing needs assessment activity. Reports from all evaluations should include findings and recommendations, as appropriate, for both management and the program. Program activities should address the needs assessment findings and should be evaluated as to their impact on such needs.

*Frequency*

Needs assessment by a qualified employee assistance professional, or other health professionals as appropriate, should be performed biannually. Further assessments would be necessary when requested by management, when significant agency changes occur, or as mandated by applicable regulations.



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ELEMENT 2

## *Program Integration*

**STANDARD:**

An EAP should be designed to assure its integration into the structures and processes guiding the overall administration and management of an agency or program. The EAP Director should have access to, and involvement with, the management of the agency and serve as a consultant to address the impact of program and organizational change on the well-being of employees. An advisory board should be constituted with representatives from key divisions and offices, including both manager and employee members, to assure the responsiveness of the EAP to agency needs.

**ASSESSMENT CRITERIA:**

*Design*

The EAP should serve as an integral part of the overall agency management process. The EAP should be positioned at an organizational level high enough to insure the involvement of senior agency or program management in the EAP. The organization and functions of the EAP should be incorporated into the policy and procedures of the agency or program. The EAP Director should serve as a consultant to management for employee behavior and performance concerns. There should be agreement between management and the Director about program emphasis, information needs, and operational policies and procedures.

*Scope*

Communication should be established with all appropriate agency units such as employee relations offices, occupational health and safety programs, health units, Equal Employment Opportunity programs, employee organizations, etc. The support and participation of such organizations as recognized labor unions should be a part of the EAP policy formulation and program operations.

*Procedure*

The EAP should provide for formal interaction of participating agency, program and employee representatives through an advisory committee that meets at least biannually. The EAP Director should chair this committee.

ELEMENT 3

## *Comprehensive Services*

**STANDARD:**

An EAP should assure the provision of comprehensive high quality clinical services, supervisory training, management consultation, and preventive health education/health promotion services appropriate to the defined needs of an agency or program. The services must competently evaluate employees and appropriately assist them in returning to and/or remaining effective in their jobs when alcohol, drug abuse, mental health problems or other events alter their work performance capacity. The EAP must have an established community referral network and coordinate its services with local resources, health organizations and self-help groups as appropriate.

**ASSESSMENT CRITERIA:**

*Scope*

*Clinical Services:* Services must include intake, short-term employee counseling and assessment for alcohol, drug abuse or mental health issues, crisis-intervention, community referral and follow up both on an individual and group basis. Based on needs assessment and current program issues, the EAP should be responsive to client and program needs using support groups, organizational development interventions, lecture series, film series, etc. to strengthen and expand the program.

*Referral:* The EAP must maintain current information about and liaison with community treatment and referral resources. These resources should be reviewed by the EAP for their effectiveness at least every 2 years. At a minimum, the factors to be used in reviewing referral resources should be: types and limitations of services offered, cost for service (including types of insurance accepted), location, hours of operation, philosophy of treatment, staff qualifications, and admission/intake procedures. The number and type of referral resources must be compatible with the needs of employees at the worksite(s). The EAP should provide employees with the names of more than one practitioner or agency for referral. Documentation of relevant licensure, accreditation, and certification credentials on all community providers (institutional and/or individual) should be on file in the EAP. The EAP should work closely with substance abuse agencies in the community to develop an appropriate support network.

*Supervisory Consultation and Training:* The EAP should provide consultation to supervisors on matters related to employees, work environment, organizational development, and/or agency issues. Training and orientation programs for all supervisors and managers should include: an orientation to the EAP, discussion of the role played by management, identification of the troubled employee, confrontation



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techniques, and methods of referral to the EAP.

*Preventive Health Education/Health Promotion:* Preventive health education/health promotion should be an ongoing part of the EAP. Informational programs should be offered directed toward developing an awareness of and preventing alcoholism, drug abuse and emotional problems which may adversely affect work performance or conduct. Additional activities should be based on needs assessments, reflecting the needs of the client population as determined by the findings of the worksite evaluations, epidemiological studies, demographic and health risk analyses, employee and supervisor surveys, consultation with management, program reviews, and agency concerns. Health education/health promotion activities for all employees should offer a minimum of six activities per year. Effort should be made to use local, community resources and services for this element.

*Policies and Procedures:* The EAP must have written policies, consistent with prevailing Federal requirements and regulations, related to alcoholism, drug abuse, mental health concerns, rehabilitation, follow-up care and other employee problems that affect performance. Policies and procedures should document the extent and complexity of the EAP services, list the staff hours for in-house service, include a clear definition of procedures for "reasonable accomodation", document the procedure for consultation with management regarding employee needs, describe back-up and emergency services, detail mechanisms for problem resolution, outreach and the procedure for the reintegration of the employees back into the work setting. Of particular importance are guidelines related to referral procedures and off-hours provision of services, and staff hours for in-house service. When EAP services are provided under contract or off site, written policies and procedures must also specify the relationship of those services to the agency or program management. EAP services should be widely publicized to assure that all employees are knowledgeable about the EAP services.

# 4

## *Program Administration*

**STANDARD:**

An EAP should have policies and procedures in effect aimed at assuring the appropriateness, effectiveness and efficiency of the program in meeting the needs of both management and the employee population served. The procedures must be consistent with the Federally mandated requirements and with agency policies and procedures. This includes assurance of: availability of a sufficient number of qualified counselors; services provided in appropriate office space that assures easy access and privacy; a case record system in compliance with Federal confidentiality regulations; guidelines for assessing or measuring the quality of care; and regular review of program services. An EAP must submit annual fiscal year reports to the Office of Personnel Management on counseling activities.

**ASSESSMENT CRITERIA:**

*Scope*

*Personnel:* The EAP Director is responsible for establishing policy, procedures, guidelines, coordinating the direct delivery of services, providing consultation to management, overseeing special demonstration projects, evaluating program activities, and submitting regular reports to the participating agencies or programs. In smaller programs the Director may provide client services. The staffing ratio for client services should equal one counselor per 3,000 - 3,500 employees.

*Credentialing:* The EAP must have a mechanism to assure that counseling service providers (direct, contract, or referral) are qualified to perform their duties. Prospective providers should be screened and evaluated with respect to professional education, postgraduate training, experience, professional affiliations, relevant state and/or national credentials, and references. A current credentials file, with evidence of periodic review, must be maintained for every counseling service provider. Counseling personnel should be holders of current professional and addictions treatment certifications, and remain current in their fields as evidenced by participation in continuing education programs. Providers must be routinely evaluated with respect to their counseling practice in the EAP.

*Quality Assurance:* A comprehensive quality assurance program should be an integral part of the EAP. A program should review, on an ongoing basis, the quality, appropriateness, effectiveness, and efficiency of the services provided. The annual program evaluation should include at least two components: a record review or audit and a specific program review. The EAP should also participate in program review activities which are part of overall agency or program management.

*Records:* Separate employee client and program operation record systems must be maintained. The EAP policy and procedures manual should specify record retention policies, who may have access to records, which information will be released to whom, under what conditions, and what use, if any, can be made of records for purposes of research, evaluation and reports. Client records maintained by the EAP should never become part of an employee's personnel file and must be available only to the counseling staff. Records must be secure, legible, complete and appropriate for their professional and other permissible uses. Client records must be kept in a strictly confidential manner in accordance with the confidentiality requirements of PL 93-282 and the implementing Federal regulations of 42 CFR Part 21 (particulary section 2.11 (n) as well as PL 93-579 (Privacy Act). Counselors must be thoroughly knowledgeable with these regulations and are bound by the restrictions of these confidentiality and privacy regulations.

*Reports:* The EAP must submit annual fiscal year reports to the Office of Personnel Management on counseling activities. Annual reports and any evaluation or needs assessment reports should be provided to management. Additional reports may be required by the Department, agency or program.

*Facility:* The EAP office should preferably be located onsite or with easy access to the work location. In areas where the EAP is serving a dispersed employee population, the EAP office should be within a short commute of an agency's or program's worksite. The EAP must have a 7 day a week, 24 hour answering service which provides a telephone number for callers requiring emergency assistance. The EAP office hours must accomodate the client population, assure that intake occurs within 24 hours, and provide service as immediately as possible. The office space must be private to insure confidentiality, have sufficient rooms to accomodate the case load, and provide adequate administrative space.

***Policies and Procedures***

A policy and procedures manual should fully describe all areas of program administration.

ELEMENT 5

## *Program Evaluation*

**STANDARD:**

An EAP should have a mechanism in place to evaluate the appropriateness, effectiveness, and efficiency of the delivery of services and program integration. Evaluations of the scope and appropriateness of client services, educational programs, supervisory training, and outreach activities should be performed on an annual basis and become a part of the permanent program records. Descriptive statistics should be employed whenever possible to summarize program activities and facilitate the annual evaluation. Program modifications should be made on the basis of evaluations.

**ASSESSMENT CRITERIA:**

*Scope*

The following aspects of the EAP should be evaluated: services to employees with alcoholism, drug abuse or emotional/behavioral problems, utilization rate (5% is the minimum acceptable yearly utilization rate), effectiveness of referral procedures, supervisory training, employee orientation, reporting systems, availability and accessibility of services, records system, quality assurance activities, program integration, outreach activities, staffing and credential files.

*Frequency*

A mechanism should be in place to annually evaluate the appropriateness, effectiveness, and efficiency of EAP services.

*Operations*

Written evidence of program evaluations, identified deficiencies and correction plans should be available. Documented modifications in the program's assessment and intervention services should be made based upon the findings of such evaluations.

## END NOTES

The primary purpose of these standards and criteria is to assist persons or agencies interested in developing or evaluating employee assistance programs. It is anticipated that this material, particularly the assessment criteria, may require updating and revision as the practice of employee assistance evolves. Comments or suggestions toward that end may be sent to:

Director, Employee Counseling
Service Program
Division of Federal Occupational
and Beneficiary Health Services
Bureau of Health Care Delivery
and Assistance
U.S. Public Health Service
5600 Fishers Lane
Rockville, Maryland 20857



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APPENDIX I

# LEGAL AUTHORITY FOR AN EAP

**Origin and Purpose**

Health services for Federal employees are authorized under the provisions of Public Law 79-658, dated August 1946. These services are provided to promote the physical and mental health of Federal employees. The Public Laws 91-616, 1970, and 92-255, 1972, as amended (42 U.S.C. 290dd-1 and 42 U.S.C. 290ee 1), mandate that the Office of Personnel Management, in cooperation with the Secretary of Health and Human Services and other Federal agencies, develop and maintain appropriate prevention, treatment and rehabilitation services for Federal civilian employees with alcohol and drug abuse problems (See 5 CFR, Part 792). In May 1979, the Office of Personnel Management issued guidance to Federal agencies on expanding the scope of services of an EAP to include medical, behavioral, and emotional problems affecting employee performance.

**Confidentiality**

Certain laws provide specific requirements for maintaining the confidentiality of client records. (See regulations at Title 42 Code of Federal Regulations, Part 2.) The Privacy Act of 1974 protects the rights of the individual regarding personally identifiable information maintained by the Federal Government, and sets the criteria for lawful disclosure of information.

APPENDIX II

# MODELS OF PROVIDING EAP SERVICES

EAP services may be provided under a variety of administrative configurations:

*A single Federal agency program:*

- Agency Staff versus Contract
- Full-time versus Part-time

*A multiple Federal agency program:*

- A single Federal agency's inhouse program,
- Consortium contract services

To determine which configuration would best serve a particular agency or program, an assessment of the characteristics of the employee population to be served (including the size, demographic characteristics, and geographic dispersion), resource availability, and the nature of the work to be performed should be conducted. The assessment should determine the administrative configuration which would most effectively reach the participating agencies' employee populations can then be determined.

The difference between alternative administrative configurations relates to the mechanism through which the Agency delivers EAP services, not to the responsibility for the internal administration of the EAP. The responsibility for developing and maintaining an effective EAP rests with each individual agency or program.

## A SINGLE FEDERAL AGENCY PROGRAM

*Agency Staff versus Contract*

For agencies with personnel in a single location, or in a geographically isolated site, or with very specific program needs, it may be most effective to conduct an inhouse, on-site program which serves only the employees of that agency. The EAP services may be provided by either qualified agency staff (already onboard or specifically hired) or a qualified contractor.

For agencies or programs with large, but widely dispersed and/or mobile employee populations, a centralized program may not be an effective program structure. More accessible EAP services could be delivered at counseling sites scattered throughout geographical areas of employee assignment, or by a "hotline" staffed by counselors skilled in telephone interviewing and conversant with treatment resources in a wide geographic area. If agency EAP staff cannot practically be decentralized to provide services at numerous counseling sites, necessary services could be provided under contract. This can be done by a number of contractors distributed throughout the work territory, or by a single contractor with satellite locations or on contract on a per capita basis with a community resource.

*Full-time versus Part-time*

The population of an agency should be the determinant of whether an agency can support a full-time or part-time program. An employee population exceeding 3,000 would support one full-time counselor. Where the employee population of a single agency or program does not support employment of a full-time inhouse program, part-time EAP services may be provided inhouse, under contract, or by participation in a consortium.

## A MULTIPLE FEDERAL AGENCY PROGRAM

Federal agencies or programs may form an EAP consortium when the individual agencies or programs do not elect an inhouse program but have determined that they have program needs which are compatible with those of nearby agencies or programs. This can be accomplished by:

1. *An Agreement to Use A Single Federal Agency's Inhouse Program*
   Where a single Federal agency or program operates its own EAP, smaller or neighboring agencies or programs should explore establishing an interagency agreement with that agency to use the existing EAP on a reimbursable or per capita basis.



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2. *Consortium Contract Services*
Where no single Federal agency or program can act as an EAP service provider for smaller or neighboring agencies or programs, the combined employee populations of several agencies or programs may support the administrative and financial rationale to contract for an EAP consortium.

Because of the cooperative or joint nature of the consortium, one agency must serve as the consortium contracting agent for all of the participating agencies. The participating agencies are then bound to the contract with the service provider through an interagency agreement with the consortium contracting agency. (See *The Development of a Public Health Service EAP Consortium*).

Under current Federal regulations, the agency which serves as the EAP consortium contracting agent may be:

a. One of the participating agencies
b. The Public Health Service (Division of Federal Occupational Health and Beneficiary Health Services, Employee Counseling Service Program)
c. The Office of Personnel Management, Employee Health Service Branch

Each multiple agency EAP should have an advisory committee to oversee and review the administration and coordination of the EAP services. The advisory committee should be composed of the participating agencies' EAP coordinators and such other agency or program officials as appropriate. Further, each participating agency or program should appoint an EAP coordinator and advisory committee to assure the responsiveness of the EAP to agency or program needs and agency or program support of the EAP.

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